

# **FAX**



**GlaxoSmithKline**

**To** Attn: Examiner Michael A. Brown, Group 3764

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**Date** November 22, 2004 **Pages including cover** 11

**Subject** Response to Official Action

GlaxoSmithKline  
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**Re:** Application of Michael Birsha DAVIES  
U.S. Serial No.: 09/914,999; Filed: November 13, 2001  
Title: *Improvements Relating to an Inhalation Device*  
Attorney Docket No. PG3619USw

**Attached:**

1. Transmittal Form (in duplicate) with a Certificate of Transmission (37 CFR 1.8(a))
2. Response to Official Action (9 pages)

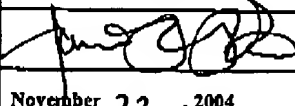
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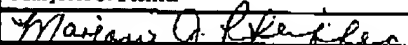
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/914,999
	Filing Date	November 13, 2001
	First Named Inventor	Michael Birsha DAVIES
	Art Unit	3764
	Examiner Name	Brown, Michael A.
Total Number of Pages in This Submission	Attorney Docket Number	PG3619USw

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): _____
Remarks Applicants believe that no fee is required for this submission. However, the Commissioner is hereby authorized to charge any fees required or credit any overpayment to Deposit Account No. 07-1392.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	James P. Rick Registration No. 39,009 Telephone: (919)483-8022	
Signature		
Date	November 22, 2004	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the			
Typed or printed name	Marjorie J. Pfeiffer		
Signature		Date	November 22, 2004

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**IN THE UNITED STATES PATENT OFFICE**

Applicant : DAVIES, Michael B.  
Application No. : 09/914,999  
Filed : 11/13/2001  
Title : IMPROVEMENTS RELATING TOP AN INHALATION  
DEVICE

Grp./A.U. : 3764  
Examiner : BROWN, Michael A.

Docket No. : PG3619USW

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDEMENT B**

The following Amendment B responds to the Official Action dated September 15, 2004,  
a first office action on an application filed in November 2001.

**Amendments to the Claims** begin on page 2 of this document.

**Remarks** appear on page 6 of this document.

Please amend the application as follows: